

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040947

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

277

Primary Registration District No.

4411

Registrar's No.

43

STATE FILE NUMBER

FILED NOV 13 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
10821			
20821			
3			
4 1			
5 2			
6			
7 0			
8 2			
9 794x			
10			
11			
12 90-2			
13 1-0			
BY AFFIDAVIT OF	ITEM NO.	SHOULD READ	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bowling Green</u>		c. CITY OR TOWN <u>Bowling Green</u>	
Length of stay in 1b <u>25 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>716 South Court St.</u>		d. STREET ADDRESS (If outside, give location) <u>716 South Court St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Annie Elizabeth Rathburn</u>		4. DATE OF DEATH Month <u>October</u> Day <u>24</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-11-1881</u>
9. AGE (last birthday) <u>82</u>		10. BIRTHPLACE (City and state or country) <u>Macon County, Missouri</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. KIND OF BUSINESS OR INDUSTRY <u>House-keeping</u>	
13a. FATHER'S NAME <u>John B. Grady</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Humes</u>	
14. NAME OF HUSBAND OR WIFE <u>Ashley Levi Rathburn</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>J.W. Rathburn, Vandalia, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory failure</u> DUE TO (b) <u>Emaciation</u> DUE TO (c) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u> <u>days</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>7:15</u> a.m. <u>10-24-63</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Bowling Green</u>		20f. CITY, TOWN, OR LOCATION <u>Pike, Missouri</u>	
21. I attended the deceased from <u>10-24-63</u> to <u>10-24-63</u> and last saw her alive on <u>10-24-63</u> Death occurred at <u>7:15</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert P. Brooks M.D.</u>		22b. ADDRESS <u>Bowling Green, Mo</u>	
22c. DATE SIGNED <u>10-25-63</u>		22d. LOCATION (City, town, or county) <u>Curryville, R.F.D., Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-25-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kilby Cemetery</u>	
24. FUNERAL DIRECTOR <u>Harold Kirks, Bowling Green, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 25, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Maude C Williams</u>			

(Licensed Embalmer's Statement on Reverse Side)

Permit issued  
10-25-1963  
Maides E. Williams  
Local Registrar

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Harold Kirk*

Licensed Embalmer No. 4597

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.